

## PGS 12

# IMPACT ON WORK PRODUCTIVITY OF UPPER GASTROINTESTINAL SYMPTOMS ASSOCIATED WITH CHRONIC NSAID THERAPY IN A SWEDISH STUDY POPULATION

Wahlqvist P, Bergenheim K, Långström G, Naesdal J  
AstraZeneca R&D Mölndal, Mölndal, Sweden

**OBJECTIVES:** To explore the impact of upper gastrointestinal (GI) symptoms, defined as upper abdominal pain, discomfort or burning, in chronic NSAID users on their ability to work and carry out daily activities. **METHODS:** A productivity questionnaire was administered to Swedish patients (n = 77) participating in an international placebo-controlled clinical study (n = 556) on the efficacy of 4 weeks of esomeprazole treatment in a non-ulcer population with upper GI symptoms associated with continuous NSAID use. Productivity measures included disease-specific absence from work, reduced productivity while at work, and reduced productivity while carrying out regular daily activities during the preceding week. Responders and non-responders (irrespective of treatment) were identified by use of symptom diaries (primary measure in clinical study). **RESULTS:** Evaluable productivity data were obtained from 61 patients (41 responders; 20 non-responders), of which 44% (27: 14 responders; 13 non-responders) were employed. Before start of treatment, patients reported an average of 0.4 hours absence from work per week, 13% reduced work productivity and 26% reduced productivity in activities. The mean difference between responders and non-responders after treatment was 0.7 hours (p = 0.18) for absence from work, 12% units (p < 0.05) for reduced work productivity and 16% units (p < 0.01) for reduced productivity in activities. On a weekly basis, results thus imply that treatment success is associated with an avoided loss of work productivity of 4.6 hours per patient employed, of which 3.9 hours are due to reduced work productivity (% reduced productivity × hours worked). Further, high and statistically significant change score correlations between symptoms, disease-specific quality of life dimensions and reduced productivity measurements were found, lending support to validity of these measurements. **CONCLUSIONS:** Despite the relatively small population sample, results indicate that successful treatment of upper GI symptoms in chronic NSAID users has a significantly positive impact on their ability to work and carry out daily activities.

## MENTAL HEALTH

### MENTAL HEALTH—Clinical Outcomes Studies

## PMH 1

# METHYLPHENIDATE FORMULATION IS ASSOCIATED WITH ACCIDENT/INJURY RATE IN CHILDREN WITH ADHD

Lage M<sup>1</sup>, Hwang P<sup>2</sup>

<sup>1</sup>HealthMetrics Outcomes Research, Groton, CT, USA;

<sup>2</sup>Janssen-Ortho Inc, Toronto, ON, Canada

**OBJECTIVE:** One recommended target outcome of ADHD therapy is enhanced safety in the community. This study was designed to evaluate whether once-daily CONCERTA® extended-release (XR) methylphenidate (MPH) is associated with a lower accident/injury rate over a one-year period than three-times daily (TID) immediate-release (IR) MPH in children with attention deficit/hyperactivity disorder (ADHD). **METHODS:** Data for this analysis were derived from the IHCIS National Managed Care Benchmark Database. Criteria for inclusion in the analysis were: 1) age 6–12 years at date of first prescription for XR MPH or TID IR MPH (index date); 2) patient-level data files containing information for at least 6 months before and 12 months after the index date; 3) no ADHD medications in the 6-month period before the index date; 4) no XR MPH use by the IR MPH group in the 12-month follow-up period. The outcome variable was the number of children with either an outpatient or hospital claim related to an accident or injury. Multivariate regression analysis was performed to assess the influence of selected demographic and clinical variables on accident/injury rate. **RESULTS:** IR MPH: n = 344, mean age 9.6 years, 76% male; XR MPH: n = 1431, mean age 9.8 years, 75% male. XR MPH patients were less likely (p < 0.0001) to discontinue medication (47.45% vs. 70.93%), less likely to switch to another ADHD medication (37.32% vs. 57.27%), and more likely to persist (i.e. no gaps >14 days between prescription fills) with treatment (11.67% vs. 1.74%). Children initially receiving XR MPH were less likely to experience an accident/injury in the 12-month follow-up period compared to those receiving IR MPH (OR = 0.58, 95% CI 0.353–0.945). **CONCLUSIONS:** These data support the use of XR MPH with its simplified dosing regimen for children with ADHD. Overall care costs, not solely drug acquisition costs, should be considered when assessing the value of a drug.

## PMH 2

# EVALUATION OF ANTIDEPRESSANT MEDICATION ADHERENCE IN A NOT FOR PROFIT HEALTH CARE ORGANIZATION

Alison LM<sup>1</sup>, Wong SL<sup>2</sup>, Day D<sup>3</sup>

<sup>1</sup>Healthfirst, Inc, New York, NY, USA; <sup>2</sup>Pfizer, Inc, Syosset, NY, USA; <sup>3</sup>Pfizer, Inc, New York, NY, USA

The federal Agency for Health Care Policy and Research (AHCPR) recommends 12 weeks of acute treatment and 4 to 9 months of continuation treatment with antidepressant medication in patients having a new episode of depression. **OBJECTIVE:** To evaluate antidepressant medication adherence in patients with depression. **METHODS:** This was a retrospective cohort study using a 24-month pharmacy claims database. Eligible patients must be enrolled continuously in the health plan for at least 12 months with at least one antidepressant prescription during the study period. A washout period of 90 days was applied to the front and back end of the database. This allowed elimination of bias in summary results